

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-022515

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

544

Registrar's No.

1478

FILED MAY 27 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kirkwood

Length of stay in 1b

5 days

c. FULL NAME OF (If NOT in hospital, give location)

St. Joseph's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jefferson

c. CITY

Fenton

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

101 Valley Drive

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Kathleen Ellen Cantrell

4. DATE OF DEATH

Month

Day

Year

May

3

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

0/27/49

9. AGE (last birthday)

13

10. IF UNDER 1 YEAR - IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10b. KIND OF BUSINESS OR INDUSTRY

SCHOOL

11. BIRTHPLACE (City and state or country)

St. Louis

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Robert L. Cantrell

13b. MOTHER'S MAIDEN NAME

Edith Marie Grant

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

101 Valley Drive

Rob't L. Cantrell, Fenton Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:

PART I. IMMEDIATE CAUSE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (a)

DUE TO (b)

Hydrocephalus--Non Communicating 11 months interval between onset and death
Brain Tumor - 3rd Ventricle Colloid Cyst (non malignant)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year.

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

☐

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Date

Time

to

Date

Time

and last saw her

him alive on

Date

Time

and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Date

Time

to

Date

Time

and last saw her

him alive on

Date

Time

and to the best of my knowledge, from the causes stated.

Date

Time

23a. BURIAL, CREMATION, OR REMOVAL (Specify)

Burial

23b. DATE

5/7/63

23c. NAME OF CEMETERY OR CREMATORY

PROSPECT

23d. LOCATION (City, town, or county)

Franklin Co. Mo.

22c. DATE SIGNED

5/4/63

24. FUNERAL DIRECTOR

Address

City, town, or county

State

Date

Time

and last saw her

him alive on

Date

Time

and to the best of my knowledge, from the causes stated.

Date

Time

25. DATE RECD. BY LOCAL REG.

5-6-63

26. REGISTRAR'S SIGNATURE

Date

27. REGISTRAR'S SIGNATURE

Date

28. REGISTRAR'S SIGNATURE

Date

29. REGISTRAR'S SIGNATURE

Date

30. REGISTRAR'S SIGNATURE

Date

31. REGISTRAR'S SIGNATURE

Date

32. REGISTRAR'S SIGNATURE

Date

33. REGISTRAR'S SIGNATURE

Date

34. REGISTRAR'S SIGNATURE

Date

35. REGISTRAR'S SIGNATURE

Date

36. REGISTRAR'S SIGNATURE

Date

37. REGISTRAR'S SIGNATURE

Date

Frohwitter-Miller, High Ridge, Mo.

5-6-63

John B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

6/18/63

non communicating

Hydrocephalus--non communicating

6/18/63

Colloid

Brain Tumor--3rd Ventricle--Colloid

6/18/63

Cyst (non Malignant)

Cyst (non Malignant)

BY AFFIDAVIT OF Attending physician

MEDICAL CERTIFICATION

Dr Lattinville
Ja 4 - 16 00
111 Church St

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. Gou Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 27 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.